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Occupational health and safety management systems – General guidelines for the application of ISO 45001

Part 1: Guidance on managing occupational health

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Contents

Summary of pages
This document comprises a front cover, and inside front cover, pages i to ii, pages 1 to 12, an inside back cover and a back cover.

0 Introduction

Occupational ill health from workplace exposure to health risks is the leading cause of work-related deaths and life-changing conditions. There is growing recognition that work relevant psychological and social (psychosocial) risks, including work-related stress, are a major factor in lost working days and low productivity. It is estimated that work-related ill health currently cost the UK economy billions annually.

The first priority of occupational health (OH) is to focus on the prevention of occupational ill health such that it enables an organization to meet legal requirements and other requirements. The standard can also provide a framework for health improvement more widely. This can include opportunities to assess the effects of the health of the worker on their work, and attention to wider well-being and health promotion issues.

OH is the prevention of work-related ill health and the promotion of good health by assessing the effects of work on the health of the worker and the health of the worker on their work.

OH management prevents work-related ill health, protects workers by controlling work-related risk and promotes good health.

A structured approach to managing OH as set out in this standard can benefit the organization by, for example:

a) reducing the incidence of occupational ill health;

b) reducing costs, e.g. due to absenteeism;

c) reducing job turnover and improving worker retention;

d) increasing productivity;

e) greater health awareness and improved motivation; and

f) improving company image.

1 Scope

This British Standard provides guidance to organizations on how to:

a) reduce the risk of work-related physical and mental ill health;

b) manage OH and improve OH performance; and

c) promote a positive OH culture.

This British Standard provides guidance to organizations on meeting the relevant requirements of BS ISO 45001. It does not add to, subtract from, or in any way modify the requirements of BS ISO 45001, nor does it prescribe mandatory approaches to implementation.

The British Standard is suitable for use by any organization regardless of type, size or maturity.

NOTE An organization can choose to address well-being within its OH management system, however, BS ISO 45001 does not provide explicit requirements for well-being.

2 Normative references

There are no normative references within this British Standard.

NOTE Organizations can use this document without direct reference to BS ISO 45001, however, those that wish to claim conformity to BS ISO 45001 need to refer directly to BS ISO 45001 when using this document.

3 Terms and definitions

For the purposes of this British Standard the terms and definitions given in BS ISO 45001 and the following apply.

NOTE 1 There are a number of terms defined in BS ISO 45001, including commonly used terms. However, when using BS ISO 45001 it is important to take note of these technical definitions to ensure there is no misunderstanding in its application. For example, small businesses do not always realize that the term "organization" refers to them as well as larger companies (or public bodies, charities, etc.). An organization can also be used to describe one part of a business, e.g. one department or one site – if that is the extent of the OH&S management system. Similarly, the term "top management" refers to whoever "directs or controls" the organization – the top level decision maker(s). In practical terms, top management can mean a small business owner, the executive board or, in a non-hierarchical structure, everyone involved in taking high-level decisions.

The definition of "worker" is also worth noting. In BS ISO 45001 worker is all-inclusive and refers to everyone working under the control of the organization, including business owners, executive boards, senior managers, interns, volunteers, all employees and contractors.

NOTE 2 All of the terms and definitions within BS ISO 45001 can be found on the ISO Online Browsing Platform: http://iso.org/obp [last viewed 31 July 2018].

3.1 medical surveillance

ongoing monitoring of the health of workers who might be exposed to hazardous substances or situations at work, carried out by a licenced medical practitioner

3.2 occupational ill health

adverse effect on the physical or mental condition of a person arising from exposure to a workplace health risk or work-affecting condition

3.3 occupational health (OH)

adverse effect on the physical or mental condition of a person arising from exposure to a workplace health risk, including where exposure aggravates a pre-existing condition or the pre-existing condition affects the worker's ability to perform the task

3.4 well-being

positive state of mental, physical and social health

NOTE In relation to the workplace, well-being can be indexed by assessing the extent to which people like their job and sometimes also by indices of (mental) health. Other indicators organizations might use can include the extent to which people find purpose and meaning in their job.

4 Context of the organization

To manage OH effectively the organization should first consider its internal and external context.

Internal issues that affect OH management can include:

a) type of activities carried out (e.g. exposure to hazardous chemical, physical or biological agents – see **6.2**);

b) work and employment practices (e.g. organizational change, contractual conditions, workload, ergonomics);

c) workforce characteristics (e.g. number, experience, age of workers, diversity); and

d) location (e.g. where the activities take place, environmental factors such as extremes of temperatures, or ventilation).

External issues can include:

1) legal requirements and other statutory requirements;

2) industry or sector-specific requirements; and

3) other requirements with which the organization has or chooses to comply (e.g. environmental or social responsibility).

5 Leadership and worker participation

Top management should ensure that the occupational health and safety (OH&S) policy includes OH objectives (see 6.3) and that processes are in place to achieve these, including:

a) communicating a clear vision of OH for the organization;

b) defining appropriate roles and responsibilities regarding OH; and

c) ensuring line managers and workers are able to carry out their roles and responsibilities, and that they are aware of relevant occupational ill health, how to prevent it and where to get help; and that competent OH advice is accessible.

Top management should demonstrate commitment to improving OH performance by:

1) supporting processes for the consultation and participation of workers in establishing effective arrangements for meeting legal requirements and other requirements for occupational health risk control;

2) promoting awareness of relevant OH risks and control measures, including through a physical and mental health needs assessment;

3) implementing appropriate occupational health surveillance programmes and OH monitoring; and

4) providing appropriate resources for OH management, ensuring all management systems are aligned.

Once occupational health risks are under control, top management can demonstrate leadership by promoting workplace health and/or well-being initiatives (e.g. encouraging work-life balance, regular breaks, healthy eating, exercise).

6 Planning

6.1 General

The organization needs to plan effectively to manage OH, and should understand both the risks associated with the usual operation of its business and those which occur occasionally or unexpectedly through, for example:

a) the introduction of new or modified processes, activities, site(s) or equipment, e.g. semi-automation of tasks, without training workers to be familiar with the new technology;

b) changing demands from interested parties, e.g. pressures due to increased output by suppliers leading to mental and/or physical health issues;

c) infrequent activities, e.g. inspections, maintenance, travel; and

d) emergency situations, e.g. chemical releases leading to ill health, flu pandemic.

6.2 Identification and assessment of occupational health risks and opportunities

6.2.1 Risks

The organization should plan to eliminate OH hazards if it can. If it cannot eliminate the hazard, it should plan to reduce the risk to as low as it can, taking into account the level of risk, the benefit that can be achieved, and the resources available (e.g. by using less hazardous materials, using quieter equipment, reorganizing work).

Occupational ill health is caused or made worse by worker exposure to different types of hazards, including:

a) chemical (e.g. fumes, asbestos, silica, dusts);

b) physical (e.g. noise, vibration, extremes of temperature, extremes of pressure);

c) biological (e.g. bacteria, viruses, fungal spores, enzymes, animal proteins, genetic material);

d) ergonomic (e.g. lifting, lowering, pulling and pushing, posture, repetitive movement); and

e) psychosocial (e.g. job security, stress, bullying, harassment, excessive work demands, shift work, work relationships, lack of control).

The organization should identify the hazards to which workers and those sharing the workplace are exposed. The risk from exposure to the hazards should be assessed, based on:

1) likelihood;

2) extent of exposure; and

3) short and long-term impact on health (including delayed onset, e.g. noise-induced hearing loss).

NOTE 1 Many cases of OH disease can take many years to show (long latency), e.g. noise-induced hearing loss, lung disease due to exposure to silica dust or asbestos. It is therefore essential to keep records of exposure and health surveillance.

If there is a possibility that workers could be exposed to OH hazards that exceed legal limits, the organization should plan appropriate occupational health surveillance, e.g. skin inspections, hearing and lung function tests.

The organization should also consider hazards that can be created by a worker's state of health for which health monitoring could be appropriate. This is different from health surveillance. Examples of this could include:

- pregnant workers;
- new mothers;
- vulnerable workers (e.g. workers with caring responsibilities, lone workers, night workers, young and older workers);
- workers with pre-existing health conditions; and
- workers required to perform safety critical roles (e.g. drivers, emergency response teams).

NOTE 2 The Health and Safety Executive provides further information on hazard identification, risk assessment and legal requirements: http://www.hse.gov.uk/risk/identify-the-hazards.htm [Last viewed 31 July 2018].

6.2.2 Opportunities

The organization should proactively consider OH opportunities, for example:

a) new equipment and technologies, such as adjustable desks or telephone headsets;

b) changing work and employment practices, such as flexible working, job redesign, training and development opportunities; and

c) improving working relationships through shared social activities and enhanced teamworking opportunities.

6.3 OH objectives and planning to achieve them

The organization should set specific OH objectives that can be evaluated and take into account both short-term and long-term health effects. When setting OH objectives the organization should ensure the objectives are achievable and integrated into wider organizational planning.

Objectives to improve OH performance can be phased over a planned period of time, taking into account available resource and prioritizing those which offer the greatest benefit in risk reduction.

Examples of OH objectives can include:

a) implement a management system with emphasis on OH within 12 months; and

b) reduce manual lifting operations by 50% by introducing equipment to assist workers with heavy lifting, to prevent back injuries.

Once occupational health objectives have been set as a first priority to secure compliance (if necessary) and determine any desired improvements, well-being objectives can also be set. These could include:

1) make provision for social activities and achieve a 50% uptake; and

2) achieve a 30% increase in participation of workers in health improvement discussions.

When setting OH objectives and how to achieve them, the organization should consult with the workers closest to the risk, or their representatives.

7 Support

7.1 Resources

The organization should decide on the resources needed to achieve OH objectives. The resources allocated to manage OH should be proportionate to the OH risks identified and the size and nature of the organization.

Resources required could depend on:

a) knowledge within the organization of OH risks;

b) number and type of workers;

c) equipment and facilities; and

d) constraints, e.g. budget, schedule.

NOTE See Annex A for a list of online resources and professional institutions.

Large, well-resourced organizations, or those with complex OH risks may choose to employ OH professionals within the organization or outsourced service. Where the nature and scale of the risks are low, the organization might choose to use an OH professional on a case by case basis.

7.2 Competence

The organization should ensure that workers at all levels have the required competence to carry out their activities in a safe and healthy way. The organization might wish to further develop the competence of workers to take day-to-day responsibility for OH management, including knowing when and how to get additional support and services.

The competence of workers typically comprises a mixture of education, training, skills and experience, and can be demonstrated in different ways, including formal qualifications. Competent OH advice and guidance can be:

a) internal, including:

   1) workers who have been trained in aspects of OH relevant to the hazards requiring assessment or control; and

   2) qualified OH professionals (see Annex A);

b) external, including:

   1) services provided by another organization or qualified OH professional; and

   2) remote (e.g. services available via phone or electronically, including free services provided by charities).

When work is carried out by an external provider, the organization should specify required competency levels in the contract or service level agreement.

7.3 Communication and awareness

Workers at all levels should be made aware of relevant hazards and related health risks that could affect them, including those that might not be related to their individual activities, and encouraged to report concerns.

Any investigations into incidents that relate to health hazards or risks or a potential situation that could affect their health should also be communicated, along with any corrective actions taken to prevent a repeat of the incident and any improvement opportunity recommendations.

7.4 Documented information

The organization should create and keep documented information that demonstrates its OH management is fully functional and meets legal requirements and other requirements.

Documented information can include:

a) policies and processes for specific issues;

b) evidence of how OH risks were assessed;

c) details of workers with OH roles and responsibilities;

d) evidence of worker OH competence (e.g. training information, qualifications, performance appraisals) and evidence that establishes the competence of OH professionals (e.g. proof of qualifications and relevant professional training);

e) health records of workers from health surveillance, including details of check-ups and screening results, workplace exposure records, and medical records;

f) referrals to OH professional services;

g) legally required licences and authorizations, e.g. licenced asbestos work, radiation sources;

h) information on patterns, clusters and trends of ill health; and

i) health improvement information, e.g. reduced sickness absence days.

Documented information should be proportionate to the risks and the nature and complexity of the organization. It may include, for example electronic spreadsheets, notes on mobile phones, photographs, traditional log books or work instructions and online instruction videos. For many organizations, a mix of different types of documented information works well.

Controls should be put in place to ensure documented information cannot be accessed and/or changed by anyone without appropriate authorization, particularly in respect of individual workers.

NOTE There are specific requirements for the retention period of certain documents, see http://www.hse.gov.uk/health-surveillance/record-keeping/index.htm [Last viewed 31 July 2018.].

In general, BS ISO 45001 is not prescriptive about the level of documented information required. This varies from organization to organization, e.g. documented information needed for a small local bakery is likely to be simpler and less extensive than that required by an international automotive parts manufacturer which has very specific customer and statutory and regulatory requirements.

8 Operation

8.1 Operational planning and control

The organization should make sure the controls it has put in place to manage the occupational ill health risks (see Clause **6**) are being used as intended.

Appropriate actions should be taken to ensure worker health is protected if there are significant changes in the organization or to activities, for example:

a) during times without the usual numbers of workers;

b) increased demand for products or services; and

c) new working locations.

8.2 Emergency preparedness and response

The organization should make sure workers know what do in case of OH emergencies, including equipment or plant failure, such as:

a) sudden ill health (e.g. asthma attacks, allergic reactions, or a worker suffering a heart attack);

b) serious behavioural or mental ill health incidences (e.g. psychotic episodes, emotional breakdowns, consequences of violent attacks);

c) unexpected exposure to chemical, physical or biological agents; and

d) the death of a worker on site or when working in another workplace (e.g. immediate response, who to notify).

Plans should include:

1) immediate actions and who is responsible for them, e.g. call an ambulance;

2) how to contact first responders within the organization, e.g. first-aiders;

3) contact details for external assistance, e.g. calling the emergency services;

4) how to manage the physical and psychological health of the affected workers, including consequences such as post traumatic stress disorder (PTSD);

5) training requirements; and

6) procedures for contacting next of kin.

9 Performance evaluation

9.1 Monitoring, measurement, analysis and performance evaluation

Measures such as maintenance, testing and examination of certain control measures and, in some circumstances, health surveillance (see Clause 6) are legal requirements; as such, they are important in monitoring OH performance.

Health (and medical) surveillance should be sufficient to:

a) identify occupational ill health in workers, where any exposure could reasonably give rise to an identifiable condition, with valid detection measures;

b) identify any trends or clusters of occupational ill health; and

c) identify if control measures are effective.

When an occupational ill health concern is raised by a worker (or their representative), or indicated by adverse environmental monitoring or health surveillance health records, sickness absence trends or information from a medical practitioner, these situations should be investigated.

Performance can also be evaluated through, for example, the results of OH audits against objectives. Analysis of sickness absence and the outcomes of consultation with workers about their own health, such as conversations with line managers, discussions in meetings and surveys can all be useful.

10 Improvement

10.1 Incidents

The organization should have processes in place to investigate the trends and clusters of occupational ill health, and put in place suitable corrective actions.

When considering the cause of incidents and how to improve future OH performance, the organization should take into account underlying factors both within and outside the workplace. For example, the effects of prolonged exposure to a hazard can be caused by faulty protective equipment, tiredness or injury, other people causing distraction, a perception of the need to complete the task regardless of consequences, or any combination of these.

It is important that the organization understands and addresses the root cause or causes of occupational ill health rather than correcting only what seems the initial cause.

10.2 Continual improvement

It is important not only to review how effective the organization's OH management is but to take actions to ensure that performance keeps improving. This can be done in many ways, for example by:

a) putting in place additional controls following investigation of incidents and sharing the lessons learned;

b) reviewing processes for sickness absence monitoring (including trends) and rehabilitation in support of timely and sustainable return to work after illness or injury; and

c) reviewing and improving current OH training and awareness.

In addition to effective occupational health management, the organization might choose to introduce new health and well-being initiatives as opportunities arise.

Annex A (informative)
Range of OH professionals

Workers trained in aspects of OH relevant to the hazards requiring assessment or control might be the only source of advice needed (see 7.2). However, it is recognized that further guidance might sometimes be required from competent organizations or individuals. Table A.1, Table A.2 and Table A.3 provide a list of professional OH roles and links to information and advice.

NOTE Some roles can offer services in more than one area of occupational health management.

Table A.1 — *OH professional roles — risk prevention and control aspects of occupational health management*

Title	Description	Role	Further information
Occupational hygenist	Science graduate with additional education in occupational health	Identifying, assessing and controlling health hazards in the workplace; advice on how chemical, physical and biological agents affect health; control of health risks by assessing and resolving practical problems; support on the short and long-term effects on health arising from acute and chronic exposure to hazards	www.bohs.org[1)]
Ergonomist	Scientific discipline dealing with human factors	Understanding relationship between people, equipment, design; system design to suit the worker	www.ergonomics.org.uk[1)]
Occupational psychologist	Specialize in job and system redesign, management and organizational development	Prevention of workplace stress through organizational design; improving work/life balance; promoting/developing a positive and health organization	www.bps.org.uk[1)]

[1)] Last viewed 31 July 2018.

Table A.2 — *OH professional roles — measurement, monitoring and diagnosis of occupational health management*

Title	Description	Role	Further information
Occupational health nurse	Registered nurse with additional training, education and qualification in OH (SCPHN-OH)	Organization health risk assessment, advice on management of health risks; absence management, including capability and workplace adjustments; worker health assessment on fitness for work; health surveillance; health promotion and education	www.fohn.org.uk[1)]
Occupational physician	Qualified doctor with additional training, education and qualification in occupational health (FFOM, MFOM). Some GPs have extra training in OH and can provide a basic service (Dip Occ Med) *It is important to identify that OH doctors can be specialists and non-specialists*	Statutory medical surveillance; Medical examination certificates; worker ill health diagnosis; opinion on complicated cases of ill health and worker capability; opinion on ill health retirement cases; advice on OH&S policy; organizational health risk management	www.fom.ac.uk[1)]
Occupational health technician	Can be in-house trained, qualified to Level 4, certificate or diploma level	Health screening; health surveillance, including respiratory tests; hearing tests; ECG under supervision of qualified OH practitioner/ physician)	

[1)] Last viewed 31 July 2018.

Table A.3 — *OH professional roles — ongoing occupational health management including continued treatment, assessments of fitness for return to work*

Title	Description	Role	Further information
Occupational physiotherapist	Chartered physiotherapist with additional training and education in OH and ideally ergonomics	Fitness for /return to work assessments; health education and promotion; workplace assessment; ergonomics and job design; rehabilitation plans; delivery of training on manual handling; musculo-skeletal disorders clinical service	www.acpohe.org.uk[1)]
Counsellor	Trained and accredited practitioner for short or long-term treatment	Talking therapies; individual change; enhancing well-being	www.bacp.co.uk[1)]
Clinical/counselling psychologist	Psychologist specializing in psychotherapeutic principles and behavioural change	Treatment of workplace stress and mental ill health	www.bps.org.uk[1)]
Psychotherapist	Post-graduate qualification in psychotherapy or psychotherapeutic counselling	Emotional problems; mental health issues; coping with or bringing about change; improving mental and emotional well-being	www.psychotherapy.org.uk[1)]
Occupational therapist	Science degree-based health and social care regulated by Health and Care Professions Council (HCPC)	Skilled in analysis of practical consequences of ill health or disability; advising employers on the needs of sick or disabled workers on return to work; helping overcome the effects of disability caused by illness, ageing or injury, so that the worker can carry out everyday tasks and occupations	www.rcot.co.uk[1)]

[1)] Last viewed 31 July 2018.

Bibliography

Standards publications

For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

BS 45002-0, *Occupational health and safety management systems — General guidelines for the application of ISO 45001*

BS ISO 45001, *Occupational health and safety management systems — Requirements with guidance for use*

PAS 1010, *Guidance on the management of psychosocial risks in the workplace*

PAS 3002, *Code of practice on improving health and well-being within an organization*

Further reading

https://worksmart.org.uk/health-advice/getting-help/workplace-help [Last viewed 31 July 2018]

http://www.nhshealthatwork.co.uk/workplacehealthforuk.asp [Last viewed 31 July 2018]

http://cohpa.co.uk/ [Last viewed 31 July 2018]

www.whatworkswellbeing.org [Last viewed 31 July 2018]

www.iosh.org.uk [Last viewed 31 July 2018]

www.hse.gov.uk [Last viewed 31 July 2018]

https://www.seqohs.org/ - Setting standards in occupational health services provision [Last viewed 31 July 2018]

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